



**CLTCC _____ 2015-2016 SNAP
(Campus/Site)**

The student and/or parent (if student is dependent) certified that a member of the student's/parent's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

If dependent, the **parent's household** includes:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
 - The parents' other children if the parents will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015–2016. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

If independent, the **student's household** includes:

- Yourself
- Your spouse, if you are married
- Your children, if any, if you provide more than half of their support from July 1, 2015 through June 30, 2016, or if the child would be required to provide your information if they were completing a FAFSA for 2015-2016. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

If you are an independent student then you will not include your parents in your household. If you are a dependent student, then you will include your parents in your household.

_____ Put a check if a member of the reported household **did** receive SNAP benefits during 2013 or 2014.

_____ Put a check if a member of the reported household **did not** receive SNAP benefits during 2013 or 2014.

STUDENT INFORMATION

Last Name	First Name	M.I.	Social Security Number or Campus ID number
Address (include apt. #)			Date of birth
City	State	Zip Code	() / () Home phone number / Cell phone number

A. FEDERAL BENEFITS – FOOD STAMPS, SSI, FREE LUNCH, ETC... – CALENDAR YEAR 2014

If one of the persons listed in Section B of this worksheet received benefits from SNAP, SSI, WIC, etc...(benefits are listed below) during the 2013 or 2014 calendar years, please indicate which benefit(s) by placing a check beside all that apply.

- SNAP (Food Stamps) Free/Reduced Price Lunch TANF WIC SSI (Supplemental Security Income)

B. SIGN THIS WORKSHEET Each person signing this form certifies that all the information reported on it is complete and correct. I (we) understand that if there are differences between the application and verification documents, corrections may be required. The Office of Financial Aid will submit the corrections electronically, and you will be notified by the receipt of a new Student Aid Report from the U. S. Department of Education, Central Processing Center. If you are a dependent student, at least one parent must sign this form.

Student's Signature	Date	Parent Signature (if dependent student)	Date
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